Australasian Association of Nuclear Medicine Specialists

NUCLEAR MEDICINE

TRAINING SETTING ACCREDITATION

2026

Acknowledgment of country

We acknowledge the traditional owners and custodians of the land from where AANMS staff, committees and members work from, where training settings are located, and where trainees are taught.

We extend our respects to all Aboriginal, Torres Strait Islander, and Māori people and value the importance of their ongoing knowledge sharing and connection to the land, sea, sky, and community.

We pay our deepest respects to Elders past, present, and emerging, whose wisdom and guidance continue to shape learning, wellbeing, and care for future generations.

Further information

If you have any questions or need more information about accreditation, please contact:
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Document Version & Review

These accreditation procedures will be regularly reviewed and updated based on feedback from participants and assessors, and on benchmarking with other accreditation processes and activities.

Version	Details	Date
2026.1	Updated formatting & design, included & updated terminology. Approved TSAC, AANMS Board, RACP Nuclear Medicine TPC	5 Feb 2026
Past Versions	November 1995/Revised March 1996; May 1998; February 2003; May 2004; September 2005; August 2006; December 2006; December 2008; February 2009; January 2013; January 2014; May 2014; July 2016; January 2018; September 2018; October 2021; August 2023	

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BACKGROUND

Training Setting Accreditation Program

Specialist medical colleges are required to maintain clear, transparent processes and criteria for assessing, accrediting and monitoring training settings. The RACP is required to ensure that any hospital, health service or setting delivering RACP physician training meets the standards necessary to provide safe, high quality, workplace-based education.

The RACP Advanced Training in Nuclear Medicine program is overseen by the RACP Training Program Committee (TPC) (formally the Committee of Joint College Training (CJCT)) which consists of members from both RACP and RANZCR due to the dual-pathway entry onto the training program. The role of the TPC is to oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand.

RACP Nuclear Medicine TPC has engaged the Australasian Association of Nuclear Medicine Specialists (AANMS) to manage and conduct the Training Setting Accreditation Program (TSAP) for the Advanced Training in Nuclear Medicine program. This is overseen by the AANMS Training Setting Accreditation Committee (TSAC).

The Australasian Association of Nuclear Medicine Specialists (AANMS) is a representative body of medical practitioners working to promote and advance the clinical practice of nuclear medicine for both diagnosis and therapy.

The TSAC report to the AANMS Board and the overseeing RACP committee as required. The TSAC communicates directly with training settings and seeks input from RACP and the TPC.

The History & Future of Training Setting Accreditation

AANMS has accredited nuclear medicine training settings for many decades, continually refining its processes to maintain excellence and ensure high quality, robust training environments.

The Australian Medical Council (AMC), under direction from the National Health Practitioner Ombudsman (NHPO), has recently established a consistent national framework for accrediting training settings across all Australian and Aotearoa New Zealand specialist medical colleges.

With guidance from the RACP, AANMS will incorporate these requirements into the AANMS Training Setting Accreditation Program over the coming years. Beginning in 2026, the program adopts AMC aligned terminology, with no other changes to the existing standards for the 2026 application; refer to the **Terminology** section of this document for full details.

Accreditation Process

The formal accreditation process occurs from January to June each year.

Application

All training settings must complete an online application form annually and provide other evidence as requested, such as a copy of their proposed trainee roster.

Applications submitted outside of the above timeframe are reviewed at the discretion of the TSAC.

Review

The TSAC will review and discuss the applications and may request extra information from the training settings.

TSAC members will conduct training setting visits and interviews in the following situations:

- New Training Settings: At the time of their application
- Existing Training Settings: Every four years, or as required

Outcome

The TSAC will determine the accreditation outcome of each training setting and will seek the TPC's endorsement of these outcomes. The TSAC will then provide each training setting with the outcome of their accreditation – refer to the "Terminology" section of this document for accreditation outcomes. Outcomes are also provided to RACP, the TPC and added to the AANMS website.

Accreditation is granted is for the following training year (e.g. an application in 2026 for accreditation to commence for the 2027 training year).

If a site is not satisfied with the application outcome, it has the rights of appeal to the Executive of the AANMS, which will reconsider the case in collaboration with at least one representative of the RACP Training Program Committee (TPC) and the TSAC.

General Requirements

1. A training setting seeking accreditation for nuclear medicine advanced training must demonstrate that it has suitable staff, workload and facilities available to the trainee to permit advanced training. There are six general standards, and two standards specific to positron emission tomography (if applicable), with various criteria listed relating to each standard. Each criterion will be applied by the Australasian Association of Nuclear Medicine Specialists' (AANMS) Training Setting Accreditation Committee (TSAC) to decide if each standard has been achieved. Documentation for each criterion may be required.

   A training setting may seek limited accreditation as a site for paediatric rotations only. Any training setting seeking this limited accreditation must demonstrate that it has suitable staff, workload and facilities available to the trainee to permit advanced training for the duration for which the trainee attends the site. Four of the six general standards noted above will need to be achieved by a site seeking limited accreditation as a site for paediatric rotations only. In addition, Standard 2, Criterion 2.2 (iii) will need to be achieved (minimum direct case load per trainee for paediatrics).

2. The training setting must be situated in, or affiliated with, a university accredited teaching hospital (i.e. a teaching hospital that is part of a university medical school).

   Trainees seeking prospective approval for general nuclear medicine and/or PET training at an overseas hospital shall ensure that the hospital applies for accreditation as a training site prior to the trainee commencing training at the site.

   Overseas training sites will be considered if the standard of training is at least equivalent to that available at accredited training sites in Australia or Aotearoa New Zealand, as determined by the TSAC. All guidelines for training must be met. The site will be accredited by the TSAC and will have a track record in training vocational trainees/resident trainees in a program comparable to that in Australia (i.e. a 2-year minimum full-time program). Potential overseas training sites should be aware that a determination of approval will take up to 6 months to obtain.

3. In general, a training setting must be able to provide for 12 months of training for it to be considered suitable for accreditation. Exceptions may be made in special circumstances but will be limited to the year during which the unusual situation has arisen.

4. Accredited training settings must notify the TSAC of any change of circumstances within their setting which may lead to their failing to meet the minimum criteria for accreditation. Failure to notify the TSAC within one month of the changed circumstances will result in automatic withdrawal of accreditation status.

ACCREDITATION STANDARDS

Standard 1

The training setting shall provide appropriate supervision for advanced training. This Standard also applies to training settings seeking limited accreditation for paediatric rotations.

Criteria:

1.1 A credentialled nuclear medicine specialist, who is, or is eligible to be, a Fellow or an Ordinary Member of the AANMS, shall be in attendance in the training setting at all times that routine nuclear medicine procedures are performed. In order to adequately train more than one trainee, the training setting must have an additional one full time equivalent nuclear medicine specialist, per trainee.

1.2 Any supervision of a trainee by a credentialled nuclear medicine specialist who is not, and is not eligible to be, a Fellow or a Member of the AANMS, shall be permitted only in exceptional circumstances. This supervision will be limited to no more than one day per week, and only occur where a training setting has demonstrated that supervision by such a specialist shall be of an equivalent standard to that provided by a specialist who is, or is eligible to be, a Fellow or a member of the AANMS.

1.3 The nuclear medicine specialist shall be present at all times when the trainee is undertaking nuclear medicine procedures and supervise all reporting. All final reports shall be checked by a nuclear medicine specialist.

1.4 In the case of emergency after-hours procedures, reports issued by the trainee must be checked by a nuclear medicine specialist.

1.5 The nuclear medicine specialist shall ensure that the trainee is involved in the daily running of the nuclear medicine service, including supervision of scanning, patient examination, undertaking procedures and report generation.

Standard 2

The training setting shall have sufficient workload of clinical material for advanced training. Criterion 2.2 (iii) is specific for training settings seeking limited accreditation for paediatric rotations.

Criteria:

2.1 The workload of the training setting shall be at least 2,500 nuclear medicine patients per annum, per trainee and adjusted pro-rata as below, encompassing the entire range of diagnostic nuclear medicine and ancillary procedures as designated on the annual report/application form, i.e. General Nuclear Medicine, Cardiac Nuclear Medicine, Paediatric

Nuclear Medicine; Therapeutic Nuclear Medicine, Non-Imaging (including Bone Mineral Densitometry) Studies and PET.

2.2 As a **general** guide to satisfy the TPC's requirements, the following are considered the **minimum** direct case load requirements **per trainee** for the training setting to be eligible for accreditation:

(i) *General Nuclear Medicine*: 1,500 cases per annum (including the minimum Cardiac Nuclear Medicine studies noted below and Paediatric Nuclear Medicine studies). Note that CT scans performed on SPECT/CT cameras for attenuation correction and anatomical localisation cannot be included in general nuclear medicine study numbers.

(ii) *Cardiac Nuclear Medicine* Thallium and/or sestamibi: 200 cases per annum, with "hands on" involvement, noting the training requirements applicable from 2023. In addition, 200 cases per annum which may be from a library of cases acceptable to the training setting Accreditation Committee.

(iii) *Paediatrics*: an average of at least 25 cases per month

(iv) *Therapeutic Nuclear Medicine*: 20 cases per annum (Note: these therapeutic nuclear medicine numbers/cases are separate to any theranostics training requirements that are, or may be, required for provision of theranostics services.)

(v) *Bone Mineral Densitometry*: 200 cases per annum if the trainee will complete cases on site.

(vi) *Positron Emission Tomography (PET)*: 500 PET oncology cases per annum.

2.3 If paediatric nuclear medicine training is not available in the training setting, arrangements shall be made by the training provider for the trainee to attend an accredited paediatric nuclear medicine training site during their training period. In accordance with TPC requirements for paediatric training, the provider shall permit the trainee to undertake paediatric training at an alternate training setting for at least five to 10 working days per annum.

2.4 If bone mineral densitometry training is not available in the training setting, arrangements shall be made by the training provider for the trainee to undertake the Clinical Densitometry Training Course run by the Australian and New Zealand Bone and Mineral Society (ANZBMS) if necessary.

2.5 If PET training is not available in the training setting, arrangements shall be made by the training provider for the trainee to attend an accredited PET site during their training period if necessary. In accordance with TPC requirements, it is expected that the training provider shall permit the trainee to undertake PET training at an alternate training setting for up to 10 working days per annum.

Standard 3

The training setting shall provide a suitable infrastructure for advanced training. This Standard also applies to training settings seeking limited accreditation for paediatric rotations.

Criteria:

3.1 The training setting shall ensure that the trainee attends regularly scheduled inter-disciplinary clinical meetings. In addition, given the TPC's requirements that the trainee present and discuss selected cases and participate in undergraduate and post-graduate teaching where possible, the training provider shall facilitate such involvement.

3.2 The training provider shall provide an environment in which non-nuclear medicine clinicians regularly attend the training setting for advice and interpretation of scans.

3.3 The training provider shall provide for correlative imaging and for discussion of results with the relevant specialists.

3.4 The training provider shall provide access to a medical library with current textbooks, journals and computer retrieval and search facilities. A case-based film library, with regular additions as required, shall be available within the training setting.

3.5 The training provider shall involve the trainee in essential clinical tasks such as red blood cell labelling, white blood cell labelling and Technegas (or aerosol) preparation and administration. The training provider should also reinforce the training in various quality control tasks that the trainee acquires during the Basic Sciences Course, and shall provide the trainee with ongoing training and supervision in routine quality control procedures for gamma cameras, radiopharmaceuticals and computers.

Adequate procedure manuals, protocols and patient documentation must be kept. Such procedure manuals and protocols must be reviewed formally on an annual basis.

Standard 4

The training provider shall provide access to the necessary scientific staff and equipment to permit advanced training. This Standard also applies to training settings seeking limited accreditation for paediatric rotations.

Criteria:

4.1 The training provider shall employ, or demonstrate ready access to advice from, a qualified nuclear medicine physicist.

4.2 The site shall have a State Accredited Radiation Safety Officer.

4.3 The training setting shall have access to a radiopharmaceutical scientist to discuss problems in radiopharmaceutical quality control procedures, radiolabelling techniques and related issues.

Standard 5

The trainee shall receive formal training in nuclear medicine science during advanced training. This Standard does not apply to training settings seeking limited accreditation for paediatric rotations.

Criterion:

5.1 The training provider shall enable the trainee to attend the annual AANMS Basic Sciences Course in Nuclear Medicine or an equivalent TPC accredited course, in accordance with TPC requirements.

Standard 6

The training setting shall have suitable research facilities for advanced training. If the trainee so requires, the training provider shall provide him/her with sufficient resources to undertake or complete their research project in accordance with the mandatory research training requirements applicable to the Nuclear Medicine Advanced Training Program of the TPC. This Standard also applies to a training settings seeking limited accreditation for paediatric rotations.

Criteria:

6.1 The training provider shall have an active research program, and shall ensure a research project of an appropriate type (i.e. systematic review, audit, research in human populations/communities or laboratory research) is available for the trainee according to the trainee's requirements.

6.2 The trainee shall be provided with sufficient support, including time, to undertake or complete their research project in accordance with TPC requirements.

Standards for Positron Emission Tomography (PET)

There are two Standards, with related criteria, that shall apply to any training setting seeking accreditation as a training setting for advanced training for PET. This Standard also applies to training settings seeking limited accreditation for paediatric rotations.

PET Standard 1

The training provider shall provide appropriate supervision for advanced training in PET.

PET Criterion:

1.1 The trainee in PET shall be supervised at all times by a specialist credentialled in PET by the Joint Nuclear Medicine Credentialling and Accreditation Committee (JNMCAC).

PET Standard 2

The training provider shall have sufficient workload of clinical material for advanced training in PET.

PET Criteria

2.1 The PET workload of the training setting per annum shall be in excess of 500 PET studies per trainee per annum, involving the widest possible range of indications, including oncology, neurology and cardiology, and preferably encompassing a range of radionuclides/radiopharmaceuticals in addition to FDG.

2.2 The trainee shall be present and supervised for in excess of 300 PET studies.

TERMINOLOGY

Terminology

Organisations

- **Advanced Training in Nuclear Medicine program (ATNM):** A specialist medical training program hosted by the Royal Australasian College of Physicians (RACP). Trainees can enter the program either via RACP's Basic Training pathway, or via the Royal Australian and New Zealand College of Radiologists (RANZCR) Clinical Radiology pathway.
- **RACP's** Training Program Committee (TPC): Formally the *Committee of Joint College Training (CJCT)*. The TPC is responsible for managing all training aspects and approval of trainee's proposed training on the RACP's Advanced Training in Nuclear Medicine program.
- **AANMS Training Setting Accreditation Program (TSAP):** Formally the *Training Site Accreditation Program.* The TSAP is the program that encompasses the accreditation standards and procedures to accredit nuclear medicine training settings.
- **AANMS Training Setting Accreditation Committee (TSAC):** Formally the *Training Site Accreditation Committee*. The TSAC is responsible for determining the accreditation standards, managing the accreditation program and advising the accreditation outcomes of training setting.

Training Provider & Settings

- Training Provider: The legal entity responsible for the administration and management of the training setting and trainee.
- Training Setting: The physical location where trainees work and undertake training as part of the Advanced Training in Nuclear Medicine program.

  A Training Setting could be a:

  - Training Site: A single hospital or clinic that delivers nuclear medicine training. It may provide comprehensive long-term training opportunities for its own trainee, and/or offer short-term rotation placements within a specific area of training for numerous trainees.
  - Training Network: Multiple training sites that partner together to offer nuclear medicine training opportunities across each site within the network.
- New Training Setting: A training setting that does not currently hold accreditation.
- Existing Training Setting: A training setting that currently holds accreditation.

Training Posts

- Core Training Position: A position that provides a comprehensive training offering to a trainee who is completing a core year of their training pathway.
- Non-Core Training Position: A position for an RACP pathway trainee who is completing a non-core year of their training pathway.
- Rotation Placement: A short-term placement for a core year trainee to undertake a specific area of training, such as a 15-day paediatric placement at an accredited paediatric training site.

Assessment Outcomes

When the TSAC provides an accreditation outcome, the following terms will be used:

- **Individual Standard/Criterion Assessment Outcome** :
  - **Met**: The criterion has been fully met.
  - **Substantially Met**: Some but not all aspects of the criterion have been met.
  - **Not Met**: There is significant misalignment or the criterion has not been met.
- **Overall Accreditation Outcome for a New Training Settings:**
  - **Provisionally Accredited**: A training setting that meets all of the accreditation criteria OR does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place – conditions/requirements may be placed on the training setting which they must fulfill.
  - **Not Accredited (Refused)**: A training setting that does not meet all of the accreditation criteria and the application is refused.
- **Overall Accreditation Outcome for Existing Training Settings:**
  - **Accredited**: A training setting that meets all, or most, of the accreditation criteria.
  - **Conditionally Accredited**: A training setting that does not meet all of the accreditation criteria – conditions/requirements will be placed on the training setting which they must fulfill.
  - **Not Accredited (Revoked)**: A training setting that does not meet all of the accreditation criteria and the accreditation is revoked.